

Washington State MIECHV Performance Measures (Benchmarks 2.0) Manual for PAT

Revised, February 2017

Washington State Department of Health



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For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 140-144 February 2017

Introduction

With the launch of the Maternal Infant and Early Childhood Home Visiting (MIECHV) program, legislation required all programs to report on six Benchmark Domains: maternal and newborn health; child maltreatment, injuries, and emergency room visits; school readiness and achievement; crime or domestic violence; family economic self-sufficiency; and coordination and referrals. Previously, Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau specified 35 performance measure constructs for these domains. Starting in Fiscal Year 2017, HRSA has specified a new list of 19 performance measures for MIECHV programs, in an effort to reduce the burden of reporting.

The Washington State Department of Early Learning (DEL) and the Washington State Department of Health (DOH) reports to HRSA annually via two reports: Form 1 and Form 2. Form 1 mainly consists of demographics, basic health, and health care utilization measures. The new 19 performance measures make up the Form 2 report to HRSA.

This manual outlines the data collection requirements needed to report on your program's demographics and performance across 19 MIECHV performance measures required by HRSA for Washington State. Data collection for the new constructs will be required starting on October 1, 2016.

The manual is broken into four sections. First, the manual outlines the data collection requirements for Form 1 reports. Second, the manual provides an overview of the new 19 performance measure constructs. Third, the manual provides detailed instructions for how to collect data for each of the 19 constructs using Visit Tracker's newly updated Tabs. Finally, the manual provides a cheat sheet and timeline for you to use with each client to identify the key time points for collecting data for the constructs.

The directions in this manual are specific only to the requirements of the MIECHV program. The directions for data entry into Visit Tracker are based on an evolving draft, and therefore subject to change. You may have additional data collection to meet Parents as Teachers (PAT) model requirements. Please consult your PAT guidance for appropriate reporting procedures for PAT.

Additional Resources:

For questions or problems with Visit Tracker: info@datakeepers.com

For persistent problems with VT: Contact Kasondra Kugler at DEL (kasondra.kugler@del.wa.gov) and/or cc: Kasondra in your correspondence with DataKeepers.

For questions about PAT practice: Linda Clark at PAT (linda.clark@parentsasteachers.org) or Melanie Krevitz at Thrive (melanie@thrivewa.org)

For questions about quarterly/annual MIECHV reporting: Elisa Waidelich at DOH (elisa.waidelich@doh.wa.gov)

Form 1 Data Requirements

The following variables are required for all MIECHV clients for Form 1 data reports.

Required Variables	Description	Timeline for Collection	Where to Collect
Primary Guardian Gender	Gender of primary guardian (male or female)	Enrollment	Guardian Data
Primary Guardian DOB	Date of birth for primary guardian	Enrollment	Guardian Data
Index Child DOB	Date of birth for index child	Infant birth	Child Data
Primary Guardian Ethnicity	Ethnicity of primary guardian (Hispanic, Non-Hispanic/Latino, decline to answer)	Enrollment	Guardian Data
Primary Guardian Race	Race of Primary guardian	Enrollment	Guardian Data
Primary Guardian Marital Status	<ul style="list-style-type: none"> -Married (legal or common law) -Single-never married -Widowed -Divorced -Separated -Not married – living with partner 	Enrollment, annually	Guardian Data
Primary Guardian Education Attainment	<ul style="list-style-type: none"> -Enrolled in middle school -Enrolled in high school -High school diploma -GED -Less than high school diploma not enrolled -Training certificate program -Associates degree -Some college -Bachelor degree or higher -Other -Unknown/not reported 	Enrollment, and every 6 months after enrollment	Guardian Demographics

Primary Guardian Employment	Employed full time (30+ hours a week) -part time (<30 hours a week) -Not employed	Enrollment, annually	Guardian Demographics
*Housing Status	-Not homeless: Owns or shares own home, condominium or apartment -Not homeless: Rents or shares own home or apartment -Not homeless: Lives in public housing -Not homeless: Lives with parent or family member -Not homeless: Some other arrangement -Homeless: Sharing housing -Homeless: Living in an emergency or transitional shelter -Homeless: Some other arrangement	Enrollment, annually	Guardian Demographics – Primary Parent Housing Status
Primary Language Spoken at Home	-English -Spanish -Other	Enrollment	Guardian Data
Household Income	Monthly income	Enrollment, annually	Guardian Demographics
Pregnant	Calculated based on the enrollment date and the due date for the child	Enrollment, infant birth	Child Data – Add Prenatal Child (selected from Guardian “Children” tab)
Primary Guardian History of Child Abuse or Neglect	Checkbox	Enrollment	Guardian Demographics – MIECHV Priority Population
Primary Guardian History of Substance Abuse/Need for Treatment	Checkbox	Enrollment, annually	Guardian Demographics – MIECHV Priority Population
Primary Guardian use of Tobacco Products in Home	Checkbox	Enrollment, annually	Guardian Health Info – Tobacco Use Survey
Child with Developmental Delays or Disabilities	Checkbox	Enrollment, annually	Guardian Demographics – MIECHV Priority Population

Families that are or have Served in Armed Forces	Checkbox	Enrollment, annually	Guardian Demographics – National High Needs Characteristics
Primary Guardian Insurance Status	<ul style="list-style-type: none"> -Title XIX (Medicaid) -Title XXI (State insurance program) -Private or Other -Tri-care -No insurance coverage -Unknown/Not reported 	Complete health insurance survey at enrollment, and every 6 months after enrollment	Guardian's Health Info – Insurance History
Index Child Insurance Status	<ul style="list-style-type: none"> -Title XIX (Medicaid) -Title XXI (State insurance program) -Tri-care -Private or Other -No insurance coverage -Unknown/Not reported 	Complete health insurance survey at enrollment/birth, 6, 12, and 18 months post enrollment/birth	Children's Health Info – Insurance History
*Child's Usual Source of Medical Care	<ul style="list-style-type: none"> -Doctor's/Nurse Practitioner's office -Hospital emergency room -Hospital outpatient -Federally qualified health center -Retail store or minute clinic -Other -None 	Enrollment, annually	Children's Health Info – Medical Care
*Child's Usual Source of Dental Care	<ul style="list-style-type: none"> -Yes: Has a usual source of dental care -No: Does not have a usual source of dental care -Unknown 	Enrollment, annually	Children's Health Info – Dental Care

*Denotes a new variables for Form 1

MIECHV Benchmark Matrix for PAT

This matrix outlines each of the 19 constructs' definitions, the numerator and denominator used for calculations, timeline for collecting the data from your primary guardian and where to record the data in Visit Tracker.

Benchmark	Construct	Definition	Numerator/Denominator	Timeline for Data Collection	Recording Data in Visit Tracker
Maternal and Newborn Health	Preterm Birth	Percent of infants born premature (<37 weeks) to women who enrolled less than 37 weeks pregnant	Number of live born index or subsequent children born before 37 weeks to women who enrolled while pregnant / Number of live born infants born to women who enrolled before 37 weeks pregnant	Collect at enrollment and first visit after birth of infant	Guardian Data, Children Tab - Record prenatally-enrolled child's due date in Visit Tracker. After child is born update the birth date on the Guardian's children tab.
	Breastfeeding	Percent of infants (among mothers who enrolled in home visiting (HV) prenatally) who were breastfed any amount at 6 months of age	Number of index children breastfed any amount at 6 months / Number of index children age 6-12 months	Collect after 6 months of age and before 12 months of age	Children's Health Info- Record Breast Feeding Survey in Visit Tracker
	Depression Screening	Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment if enrolled post-delivery or delivery if enrolled prenatally	Number of clients with at least one PHQ-9 screening completed within 90 days of delivery if enrolled prenatally or within 90 days of enrollment if enrolled with a child / Number of primary caregivers enrolled for at least three months if enrolled post-delivery, or number of primary caregivers enrolled at least 3 months after delivery if enrolled prenatally	Collect within 90 days of enrollment or 90 days postnatally (for those enrolled while pregnant)	Guardian Assessments- Record results of the PHQ-9 in Visit Tracker
	Well Child Visit	Percent of children enrolled in HV who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule	Number of children enrolled who received the last recommend well child visit based on AAP schedule / Number of children enrolled in home visiting	Ask about well child visits at every visit after the birth of index child	Children's Health Info- Record all well child visits under "Child Medical Visits" and record the reason as "well child" in Visit Tracker

	Postpartum Care	Percent of mothers enrolled prenatally or within one month of delivery and remained enrolled who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	Number of clients who indicated receiving a postpartum visit within 8 weeks (56 days) of delivery / Number of clients who were enrolled prenatally or within one month of delivery and remained enrolled for at least 8 weeks after delivery	Ask at every visit until the infant is 8 weeks old	Guardian Health Info- Record visit Under Guardian Medical visits and record reason as “postpartum” in Visit Tracker
	Tobacco Cessation	Percent of primary caregivers enrolled in HV who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.	Number of clients enrolled who report using tobacco or cigarettes who received a referral for tobacco cessation counseling within 3 months of enrollment / Number of clients who reported using tobacco at enrollment and were enrolled for at least 3 months.	Collect smoking data at enrollment visit Record referrals within 90 days of enrollment	Guardian Health Info- complete a “Tobacco Use Survey” in Visit Tracker Resources Connection- Add a “Tobacco Cessation” referral with date in Visit Tracker
Child Maltreatment, Injuries, and Emergency Room Visits	Safe Sleep	Percent of infants (under 1 year) enrolled in HV that are always placed to sleep on their backs, without bed-sharing and without soft-bedding	Number children under one year of age whose primary guardian reports that they were always placed to sleep on their backs, without bed-sharing and without soft bedding / Number of children under one year old	Complete safe sleep survey at birth, 6, and 12 months of age	Children’s Health Info- “Safe Sleep Survey” Q: -How often is your baby placed to sleep on his or her back? Q: -How often does your baby bed-share with you or anyone else? Q: -How often does your baby sleep with soft bedding?
	Child Injury	Rate of injury-related visits to the ER among children enrolled in HV.	Number of parent reported nonfatal injury-related ER visits among children after enrollment / Number of children enrolled	Collect data at every visit after the birth of index child	Children’s Health Info- Record the Date and Reason as “ER visit” under Child Medical Visits in Visit Tracker

	Child Maltreatment	Percent of children enrolled in HV with at least one investigated case of maltreatment following enrollment within the reporting period	Number of children with at least one investigated case of maltreatment since enrollment / Number of children enrolled	Collect CPS consent forms by 6 months after enrollment for all index children	CPS Consent Form- <i>See Appendix A for CPS forms and sample script</i>
School Readiness and Achievement	Parent-Child Interaction	Percent of primary caregivers enrolled in HV who receive an observation of caregiver-child interaction using a validated tool.	Number of children with an assessment completed using validated tool for the age range / Number of children who have reached an age appropriate for assessment	HOME: Completed at least once during the reporting year, ideally spaced every 12 months	Guardian Assessments- I/T HOME for children 0-3 HOME EC for children 3-6 Select appropriate assessment (I/T HOME for children 0-3 or HOME EC for children 3-6) in Visit Tracker
	Early Language and Literacy Activities	Percent of children enrolled in HV with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child every day	Number of enrolled children with a family member who reported that during a typical week s/he read/told stories/sang songs with child every day / Number of enrolled children	Collect data at least once during the reporting period for each index child	Children's Health Info- Literacy Activities Q: "In a typical week, how many days does the primary caregiver read, tell stories and/or sing songs with the child every day?"
	Developmental Screening	Percent of children enrolled in HV with a timely screen for developmental delays using a validated parent-completed tool	Number of enrolled children with at least one ASQ-3 screening within the AAP defined age/ Number of children enrolled who are eligible for an ASQ-3 screening	9, 18, 24, and 30 months of age	Children's Screenings- Screenings, "+ New Screening" Under "Development" choose screening type "ASQ-3 (National)"
	Behavior Concerns	Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	Number of visits where clients were asked about concerns about child's behavior / Number of home visits completed among clients with children	Collect data at every visit after the birth of index child	PVR- Q: "Any concerns regarding your child's development, learning, and/or behavior?"

Crime or Domestic Violence	IPV Screening	Percent of primary caregivers enrolled in HV who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool	Number of clients with an IPV screen within 6 months of enrollment / number of clients enrolled for at least 6 months	Within 6 months of enrollment	Guardian Assessments- "+ Add New", Select "Futures" Screen
Family Economic Self Sufficiency	Primary Guardian Education	Percent of primary caregivers who enrolled in HV without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in HV	Number of clients who have completed high school/GED or are currently enrolled in middle or high school / Number of clients who at enrollment had not completed high school / GED	Enrollment, 6, 12, 18, and 24 months after enrollment	Guardian Demographics- Under "Primary Parent Education History" record education level of primary caregiver
	Continuity of Insurance Coverage	Percent of primary caregivers enrolled in HV who had continuous health insurance coverage for at least 6 consecutive months	Number of clients marking "Private/ Other", "Title XIX (Medicaid)", "Title XXI (State Insurance program)" or "Tri-care" for 6 consecutive months / Number of clients enrolled for at least 6 months	Complete health insurance survey at enrollment, and every 6 months after enrollment	Guardian Health Info- Add insurance information under "Insurance History"
Coordination and Referrals	Completed Depression Referrals	Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts	Number of primary caregivers with a positive depression screen and received services for depression / Number of primary caregivers with a positive depression screen within 3 months of enrollment or within 3 months of delivery if enrolled prenatally	Complete a depression referral as soon as possible after a positive screen	Guardian Resource Connection- Record referral, under Connection Type select "Mental Health Services" To record date when primary caregiver received services, edit an existing resource connection

					Under “Connection Follow Up”, for the question “Did family receive services as a result of this connection?” select “ Yes, received services ”.
	Completed Developmental Referrals	Percent of children enrolled in HV with positive screens for developmental delays who receive services within a timely manner	Number of children with positive screen for developmental delays who were referred to early intervention and received an evaluation within 45 days OR were referred to other community services with 30 days of positive screen / Number of children with positive screen for developmental delays	Within 45 days of positive screen using the ASQ-3	<p>Children Screenings- Under “Resource Connection”, select “Yes” and check “Developmental”.</p> <p>Under “Connection Follow Up”, for the question “Did family receive services as a result of this connection?” select “Yes, received services”.</p> <p>Record date and select connection type: -Referred to early intervention services and received an evaluation OR -Referred to community service agency</p>
	IPV Referral	Percent of primary caregivers enrolled in HV with positive screens for IPV who receive referral information to IPV resources	Number of primary caregivers with a positive screen for IPV who received referral information / Number of primary caregivers with a positive screen for IPV within 6 months of enrollment	Provide an IPV referral immediately after identifying a guardian at risk	<p>Guardian Resource Connection- Add “Domestic Violence Services” referral</p>

Constructs by Visit Tracker Data Entry Tabs

This section describes the data required to be collected for MIECHV programs by PAT's Visit Tracker Tabs.

GUARDIAN DEMOGRAPHICS TAB	
Primary caregiver education	Construct 15
GUARDIAN HEALTH INFO TAB	
Tobacco use survey	Construct 6
Postpartum healthcare visit	Construct 5
Continuity of health insurance coverage	Construct 16
GUARDIAN ASSESSMENT TAB	
PHQ-9 depression screening (Late January 2017)	Construct 3
HOME Inventory	Construct 10
Futures screening tool	Construct 14
RESOURCE CONNECTION TAB	
Tobacco cessation	Construct 6
Mental health services	Construct 17
Domestic violence referral	Construct 19
CHILDREN'S DATA	
Child's date of birth and due date	Construct 1
CHILDREN'S HEALTH INFO	
Breastfeeding survey	Construct 2
Well child visits	Construct 4
Safe sleep survey	Construct 7
Emergency room visits	Construct 8
Literacy activities	Construct 11
CHILDREN'S SCREENING TAB	
ASQ-3 screening	Construct 12
Developmental delays referral	Construct 18
PERSONAL VISIT RECORD	
Behavior concerns (Construct 13)	Construct 13
CPS CONSENT	
Signed CPS consent (not in Visit Tracker)	Construct 9

Construct Descriptions

This section describes each construct in detail and provides direction on how to collect the data and enter the data using Visit Tracker.

Construct 1: Preterm Birth

Summary of Measure:

This construct measures the number of live born infants with a gestational age of <37 weeks. For this construct, you will need to record the Due Date and the child's true Date of Birth under the Children's Data Tab in Visit Tracker.

This is a slight change in data entry. The Due Date will be separate from the Date of Birth in Visit Tracker. To add a child that has not been born yet, select “+ Add Prenatal Child”, under “sex” the option will auto populate as “P” for prenatal.

Data collection:

- When a woman is enrolled while pregnant, please assign a child to the mother, select “+ Add Prenatal Child” and record the unborn child's due date.
- When the child is born record the date of birth under the Children's Data Tab in Visit Tracker.

The screenshot shows the top of the Visit Tracker interface for a user named 'Mama and Papa Bear'. At the top right, there are two blue buttons: '+ Add Prenatal Child' and '+ Add Child'. The '+ Add Prenatal Child' button is circled in red. Below these buttons is a table titled 'Children Entered'. The table has columns: First, Last, DOB, Age, ST, Home Visitor, Sex, and an Edit icon. One row is visible with the following data: First: goldie, Last: locks, DOB: 11/3/2016, Age: 1 month, ST: A, Home Visitor: Cervantes Marcos, Sex: F, and an Edit icon.

NEW CHILD DATA TAB

The screenshot shows the 'NEW CHILD DATA TAB' form in Visit Tracker. The form is for a user named 'Mama and Papa Bear'. It contains several input fields and dropdown menus. The 'Sex' dropdown menu is circled in red and shows the value 'P'. Other fields include: Due Date, Name (First Name, Middle Name, Last Name), Birth Weight, Immunizations Current As of, Home Visitor (Cervantes Marcos), Ethnic Category (Hispanic/Latino, Non-Hispanic/Latino), Race, Referral Source, Prenatal Enroll Date (12/22/2016), MIECHV Target Child checkbox, Status (Active), First Steps Enrolled? (Yes, No), and User Fields (Test Child Spokane Field).

Construct 2: Breastfeeding

Summary of Measure:

This construct measures the number of index infants who are breastfed at or after six months of age. For this construct, you will need to record whether the child was breastfed at six months under the Children's Health Info Tab.

Data collection:

- Complete a Breastfeeding Survey under the Children's Health Info Tab when the infant is *at least 6-months old* and before 12-months old.
- For each assessment, ensure that "Yes" is selected for all surveys at which the child still receives breast milk.

Question inserted into the breastfeeding survey under the Child Health Info Tab:

BreastFeeding Survey

Date: 12/09/2016

Is your child receiving any breast milk?

Select Answer

- Yes
- No - weaned/stopped
- No - never

Create Cancel

Construct 3: Depression Screening

Summary of Measure:

This construct measures the number of primary guardians who received a depression screening using the Patient Health Questionnaire-9 (PHQ-9) within 90 days of delivery if enrolled prenatally or within 90 days of enrollment if enrolled postnatally. For this construct, you will need to complete a PHQ-9 screening of all guardians (men and women) within 90 days of delivery or enrollment using the PHQ-9 Form.

This is a change in practice. You will now screen **all primary guardians, men and women** for depression, not only postpartum mothers.

Data collection:

- Complete a depression screening using the PHQ-9 Form with the primary guardian within 90 days of delivery/enrollment.
- Enter PHQ-9 form into Visit Tracker under the Guardian's Assessments Tab.

For this construct, we will consider a positive screen as score of **10 or higher** on the PHQ-9 **OR** any answer other than "Not at all" to the question: "Thoughts that you would be better off dead or of hurting yourself in some way".

An additional question on the primary guardian’s functioning has been added to assist in your assessment and referral decision-making. “If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?”

Please follow your agency guidelines and protocols for maternal depression screening and referrals.

The survey date for the PHQ-9 must be less than 90 days after the birthdate of the index child or 90 days after enrollment.

If the depression screen occurs after 90 days, it will not be included for this construct.

Personal Health Questionnaire (PHQ-9)

Date

02/07/2017

Measurement Tool
PHQ9

Client Name
Jodi Bear

Client ID
838189

Home Visitor

Cervantes Marcos

Home Visitor ID
10825

☐ Guardian declined assessment

	Not at all	Several days	More than half the days	Nearly every day	Not Answered
1 Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2 Feeling down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Construct 4: Well-Child Visit

Summary of Measure:

This construct measures the number of children who received well child visits based on the American Academy of Pediatrician’s recommended visit schedule. The recommended visit schedule depends on the child’s age. Depending on child’s age, a well child visit must occur in the latest timeframe: 3-7 days, 2-4 weeks, 2-3 months, 4-5 months, 6-7 months, 9-10 months, 12-13 months, 15-16 months, 18-19 months, 2-2.5 years, 3-3.5 years, 4-4.5 years. This information will be recorded under the Children’s Health Info Tab in Visit Tracker.

Data collection:

- At every home visit, ask the primary care giver about any well child visits.
- Record the visit under **Children’s Health Info**. Add item under “Child Medical Visits”. Select “well child” from the drop down menu for “Reason” of visit.

Child Medical Visits

Date: 12/27/2016

Type: [dropdown]

Reason: [dropdown menu open showing options: chronic condition, illness, ingestion, injury, other, prenatal care, well child. 'well child' is circled in red.]

Comments: [text area]

Create Cancel

Construct 5: Postpartum Care

Summary of Measure:

This construct measures the number of primary guardians who received a postpartum visit within 1-8 weeks after delivery. You will need to collect this data for all guardians that enroll prenatally or within 30 days postnatally. This information will be recorded under the Guardian Health Info Tab.

This is a slight change to data collection.

Data collection:

- At each visit postnatally, ask the primary guardian the question: “Since our last visit, have you received a postnatal visit?”
- Record the visit under Guardian Health Info. Add item for “Guardian Medical Visits”. Select “**Postnatal**” from the drop down menu for “Reason” of visit.

Guardian Health Info Tab:

Guardian Medical Visits

Date: 12/27/2016

Type: [dropdown]

Reason: [dropdown menu open showing options: checkup, chronic condition, illness, injury, other, postpartum. 'postpartum' is circled in red.]

Comments: [text area]

Create Cancel

This visit must be completed within 56 days (8 weeks) of delivery.

Therefore, if the primary guardian reports receiving a postpartum visit more than 56 after the infant birth, it will not count towards the construct.

Construct 6: Tobacco Cessation Referral

Summary of Measure:

This measure captures the number of primary guardians who received a referral for smoking cessation within three months of enrollment. This construct requires that you ask all primary guardians about smoking and nicotine use at enrollment and complete a Tobacco Use Survey under Guardian Health Info Tab. For those that report using tobacco at enrollment, record referrals for tobacco cessation.

This is a new MIECHV construct.

Data collection:

- At enrollment, ask the following questions: “Does the primary caregiver use tobacco products or electronic nicotine delivery system at home?” and “Does anyone in the house, other than the primary caregiver, use tobacco products or electronic nicotine delivery systems in the home?”
- Tobacco or cigarette use consists of the following: combustibles (cigarettes, cigars, pipes, hookahs, bidis) and non-combustibles (chew, dip, snuff, snus, dissolvables)
- Enter the data in the Tobacco Use Survey under the Guardian Health Info Tab in Visit Tracker.
- For those guardians who reported using tobacco products or electronic nicotine devices please provide a referral for tobacco cessation services.
- Record the “Tobacco Cessation” referral under the Resource Connection Tab.

Note: Construct 6 is only measured at enrollment, however household Tobacco use is required annually as part of demographics data renewal.
“Does anyone in the house, including the primary caregiver, use tobacco products, including electronic nicotine delivery systems?”

NEW TOBACCO USE SURVEY:

Tobacco Use Survey

Date12/09/2016

Does primary caregiver use tobacco products or electronic nicotine delivery systems?☐ Y ☐ N ☒ Unknown

Does anyone in the house, other than the primary caregiver, use tobacco products or or electronic nicotine delivery systems in the home?☐ Y ☐ N ☒ Unknown

CreateCancel

Note, the date for the tobacco cessation referral must be less than 90 days from the enrollment date.

If you provide this service after three months/90 days, it will not count towards this construct.

Construct 7: Safe Sleep

Summary of Measure:

This measure captures the number of primary guardians who have their infants sleep in a safe position defined as on their backs, without bed-sharing, and without soft bedding. This construct requires three new questions. You will complete a new Safe Sleep Survey under the Children's Health Info Tab in Visit Tracker. You will complete these questions at **birth, 6 months, and 12 months after birth**.

This is a new MIECHV construct. There is a change in data collection procedures.

Data collection:

- Ask the following three questions and record the answers on the Sleep Survey under the Children's Health Info Tab in Visit Tracker:
 - How often is your baby placed to sleep on his or her back?
 - How often does your baby bed-share with you or anyone else?
 - How often does your baby sleep with soft bedding?
- The responses are "**Always**", "**Never**", or "**Sometimes**"

NEW SURVEY OPTION UNDER CHILD HEALTH INFO TAB:

BreastFeeding Survey	Add Item
Dental Care	Add Item
Medical Care	Add Item
Safe Sleep	Add Item
Literacy Activities	Add Item

Safe Sleep Survey

Date

12/09/2016

How often is your baby placed to sleep on his or her back?

Always

How often does your baby bed-share with you or anyone else?

Never

How often does your baby sleep with soft bedding?

Sometimes

Create

Cancel

*You must **ASK ALL THREE QUESTIONS** at each time point in order for the data to count towards completion of the construct.*

Construct 8: Child Injury

Summary of Measure:

This measure captures whether or not the child has been injured since enrollment and needs a visit to the emergency room. This performance measure is capturing **emergency room visits** and does not include urgent care visits. This data will be captured at each visit under the Children's Health Info Tab.

This is a change in data collection. ER visits will be documented separately from Urgent Care.

Data collection:

- At each visit, please ask the following question: "Have you taken your child to the hospital emergency room for an injury or because you were concerned your child swallowed something harmful?"
- Record the data under the Children's Health Info Tab. Add new record for "Child Medical Visits". Select "ER" for visit type.

CHILDREN'S HEALTH INFO TAB:

Child Medical Visits

Date: 12/27/2016

Type: ER (selected), other, Physician, Specialist, Urgent Care

Reason: [dropdown]

Comments: [text area]

Create Cancel

Construct 9: Child Maltreatment

Summary of Measure:

This measure captures the number of children who have at least one investigated report by Child Protective Services during the reporting period. For this measure, the home visitor is only responsible for obtaining signed consent forms to allow Washington State to link the primary guardian to data within the Department of Social and Health Services. CPS Consents are required for all index children regardless of age.

This is slight change in practice. There is no change in data collection practice for this construct.

Data collection:

- At or before the child's six month visit, have each primary guardian sign a consent form to allow Washington State to link the primary guardian and child to the administrative data from the Department of Social and Health Services (DSHS). (See Appendix A for CPS consent form and script.) ***Every index child must have a signed form whether the parent is consenting or declining.***

Construct 10: Parent-Child Interaction

Summary of Measure

This measure captures how well the parent and child interact with each other to support healthy development of the child. For MIECHV reporting, you will be required to complete at least one HOME Inventory Screening during each reporting year.

This is a change in practice.

Data collection:

- A HOME Inventory needs to be completed at least once during each reporting year (October 1st – September 30th), ideally spaced every 12 months.
- Complete an **I/T HOME** for children 0-3 years or a **HOME EC** for children 3-6 years each reporting year they are enrolled.
- Record the HOME under Guardian Assessments by selecting “I/T HOME” or “EC HOME” in Visit Tracker.

All enrolled children require a HOME inventory each year they are enrolled. Some programs will pilot PICCOLO. They must still use the HOME Inventory for this construct.

Construct 11: Early Language and Literacy Activities

Summary of Measure:

This performance measure captures how often the primary guardian reads, sings, or does other literacy activities to promote literacy in their children. This construct requires a new question on the Literacy Activities Survey under the Children’s Health Info Tab.

This is a new construct with new questions in the Literacy Activities Survey under the Children’s Health Info Tab in Visit Tracker.

Data collection:

- At least once during the report year (October 1st – September 30th) for each index child, ask and record the answer to the question: “During a typical week, how many days do you (and/or a family member) read, tell stories, and/or sing songs to your child?” The response will be between 0-7 days.
- Record the number of days (0-7) on the Literacy Activities Survey under the Children’s Health Info Tab in Visit Tracker

NEW LITERACY SURVEY UNDER THE CHILD HEALTH INFO TAB:

BreastFeeding Survey	Add Item
Dental Care	Add Item
Medical Care	Add Item
Safe Sleep	Add Item
Literacy Activities	Add Item

Literacy Activities Survey

Date
12/09/2016

In a typical week, how many days does the primary caregiver read, tell stories and/or sing songs with the child every day?

of days per week
0

Create
Cancel

Construct 12: Developmental Screening

Summary of Measure:


This construct captures whether or not a child received an ASQ-3 screening during the appropriate time period. The ASQ-3 should be completed according to your PAT practice. For the HRSA performance measure, DOH is monitoring the ASQ-3 screens at 9, 18, and 24 or 30 months of age, and the scores recorded on the ASQ-3 table.


There is no change in practice for completing the ASQ-3 or recording the results.

Data collection:

- At 9 months (9 months and 0 days – 9 months and 30 days), 18 months (17 months and 0 days – 18 months and 30 days), and 24 months (23 months and 0 days – 25 months and 15 days) or 30 months (28 months and 16 days – 31 months and 15 days) complete the ASQ-3 questionnaire with your primary guardian and record the answers on the ASQ-3 Form.
- For children born premature - Time points for ASQ-3 Screening should be based on the **child's adjusted age**
- Enter the ASQ-3 on the Children's Screening Tab select **" + New Screening "**.
- Under Development, choose screening type "ASQ-3 (National)" from the drop down menu

DOB: _____


Screening Date: 12/09/2016 


Screener: Cervantes Marcos 

Does this complete child's basic screening requirement for this year? (They have now had at least one Vision, Hearing, Health & Dev screening this program year) ☐ Yes ☒ No

Development

Developmental Screening Completed? ☐ Yes ☒ No

Screening Type: ASQ-3 (National) 

Screening Result: Concern 

	Score	Delay / Concern
Communications	<input type="text"/>	<input type="checkbox"/>
Gross Motor	<input type="text"/>	<input type="checkbox"/>
Fine Motor	<input type="text"/>	<input type="checkbox"/>
Intellect/Prob Solve	<input type="text"/>	<input type="checkbox"/>
Personal-Social	<input type="text"/>	<input type="checkbox"/>
Social-Emotional	<input type="text"/>	<input type="checkbox"/>

Concerns / Suggestions / Activities

ASQ-3 screens that occur outside the time windows will not count towards the construct.

Construct 13: Behavioral Concerns

Summary of Measure:

This construct captures whether or not the primary guardian has any concerns about their child's development, learning, and/or behavior. This is a new MIECHV construct with a new question on the PVR.


*This is a change in practice and data collection. You will now ask about behavior concerns **at every visit** after the birth of the child.*

Data collection:

- At each visit after the birth of the infant, ask the following question on the PVR: “Do you have any concerns regarding your child's development, learning, and/or behavior?”
- The responses are: “No” or “Yes”.

NEW PVR FORMAT FOR BEHAVIORAL CONCERNS:

Jonny Barnes Date of Birth: 2/4/2015 Age: 1 yr. 10 months (99 weeks)

Was a ASQ/ASQSE Conducted on this visit? No: (click image to enter screening) 


Milestones Reviewed: [Birth to 1½ months](#) [1½ to 3½ months](#) [3½ to 5½ months](#) [5½ to 8 months](#) [8 to 14 months](#) [14 to 24 months](#) [24 to 36 months](#)
[3-4 years](#) [4-5 years](#) [5-6 years](#)

Milestones Reviewed: No

Milestone Comments:

Medical Provider visits: [Add](#)
[8/9/2016](#) [11/2/2016](#)

Any concerns regarding your child's development, learning, and/or behavior? ☒ Did not ask ☐ No ☐ Yes

Parent-Child Interaction
Parent-child activity Page(s) used: 

You must collect this data at every visit after the birth of the child.

If you do not collect this data, it will be recorded as missing towards the construct.

Construct 14: Intimate Partner Violence Screening

Summary of Measure:

This construct captures whether or not an Intimate Partner Violence (IPV) screening was completed within 6 months of enrollment. PAT will continue to use the Futures screening tool. This data will be collected under Assessments.

There is no change in practice or data collection for this construct.

Data collection:

- Within 6 months of enrollment, complete the Futures screening tool and record the data on the Futures table under Guardian Assessments.

Futures screens that occur more than 6 months after enrollment will not count towards the construct.

Therefore, make sure the survey date for the Futures table is less than six months after enrollment.

Construct 15: Primary Caregiver Education

Summary of Measure:

The measure captures data about the education status of the primary guardian. This data must be captured **at enrollment** and **every 6 months thereafter** (i.e. 6, 12, 18, 24 months, etc.). This information is collected under Guardian Demographics.

There is no change in practice or data collection.

Data collection:

- At enrollment, ask the primary guardian the question: “Are you currently enrolled in middle or high school/GED? Have you completed high school or GED or vocational/certification program?” Record the response on the Guardian Demographics Tab under Primary Parent Education History.
- **Every 6 months**, ask the primary guardian the question: “Are you currently enrolled in middle or high school/GED? Have you completed high school or GED or vocational/certification program?” Record the response on the Guardian Demographics Tab under Primary Parent Education History.

Data must be collected at each time point 6, 12, 18 24 months etc. or the primary guardian will not count towards the construct.

Construct 16: Continuity of Insurance Coverage

Summary of Measure:

This construct captures whether or not a primary guardian has had **continuous** health insurance coverage. This information will now be collected every 6 months on the Guardian Health Info Tab under Insurance History.

There is change in data collection. A new question has been added.

Data collection:

- Record the primary caregiver’s insurance status on the Guardian Health Info Tab under Insurance History.
- Record the answer to the following question regarding the continuity of coverage over the last 6 months: “Has primary caregiver had continuous insurance coverage over the past 6 months?”

UPDATED GUARDIAN INSURANCE INFORMATION SURVEY

Insurance History

Date 01/23/2017

History Status No insurance coverage

Has the primary caregiver had continuous healthcare coverage for the past 6 months? ☒ Y ☐ N

Are all family members insured at this time? ☐ Y ☐ N ☒ Unknown

(Enter enrolled children specific insurance type on Child-Health Info also)

Construct 17: Completed Depression Referrals

Summary of Measure:

This construct captures data on how many primary guardians who were identified as depressed received appropriate services. Primary guardians will be screened for depression using the **PHQ-9**, referrals for depression and referral status must be recorded under the Guardian Resource Connection Tab.



There is a change in data collection. Depression screening must be completed within 90 days of delivery or enrollment and referrals completed in a timely manner.

Data collection:

- All primary guardians must receive a PHQ-9 screen **within 3 months of enrollment** or **3 months postnatally**.
- Primary guardians that received a score of **10 or higher** on the PHQ-9 **OR** any answer other than “Not at all” to the question: “Thoughts that you would be better off dead or of hurting yourself in some way”.
- On the Resource Connection Tab, under “Connection Type” select “Mental Health Services” for all referrals resulting from the PHQ-9 screening.

UPDATED RESOURCE CONNECTION TAB:

This family was referred to the following community resources/services: (example: DFS, WIC, etc.)
(referrals as a result of a screening should be entered on the child's screening record.)

Date	To	Reason	Follow-up	Comments	
12/28/2016	Counselor	Positive score on PHQ-9			 

- Once you have created a resource connection, click the edit button and select “+ Add Connection Follow Up”.
 - Choose from the following choices in the drop down menu “Did family receive services as a result of this connection?” (Options below)
 - Default (“Select connection type”)
 - **Yes, received services**
 - No - Waitlist
 - No - Services not available in community
 - **No - Family already receiving services**
 - No - Family has not contacted referral agency
 - No - Family refused connection

Enter Resource Connection ↑↓ Barnes, Leyla

Leyla Barnes

Connection Date: 12/28/2016

Connection Type: **Mental Health Services**

Connected By: Piper King

Connected To:

Connection Reason:

- he date the Home Visitor followed up on the resource connection.
- Once “Yes, received services” is selected a new field will appear “Date Family first received services” – If “**Yes, received services**” is selected, then the **Date is required**

Note: If a screen indicates a referral is needed you must provide a referral. If the client is already receiving services, record this as “no, already receiving service” under Connection Follow-up. In this circumstance, this client will not be included in the construct.

*Please complete depression screens **WITHIN 3 MONTHS POSTNATALLY OR 3 MONTHS** after enrollment in order to count towards the construct.*

Construct 18: Completed Developmental Referrals

Summary of Measure:

The construct measures how many primary guardians whose children received a positive screen on the ASQ-3 and completed a referral for Early Intervention Service (ESIT) or to community service agency, which is recorded on the Resource Connection Tab. These referrals must be completed within **45 days and 30 days respectively of the positive screen**. A positive screen on the ASQ-3 is defined as a score below the cut-off (black area) on **any one domain** of the age-appropriate ASQ-3 screen.

There is a change in data collection. Early intervention referrals must be completed within 45 days of the positive screen for the child.

	Cut-Off Score by Age			
Area	9 month	18 month	24 month	30 month
Communication	13.97	13.06	25.17	33.30
Gross Motor	17.82	37.38	39.07	36.14
Fine Motor	31.32	34.32	35.16	19.25
Problem Solving	28.72	25.74	29.78	27.08
Personal-Social	18.91	27.19	31.54	32.01

Data collection:

- Complete the ASQ-3 screening for all children at **9, 18, and 24 or 30** months of age. Record the responses on the ASQ-3 Form.
- For children with a positive ASQ-3 screening, there are two ways to meet the criteria of a completed referral after a positive screen for developmental delay:
 - a) Referred to early intervention services (ESIT) and received an evaluation within **45 days**
 - b) Referred to community service agency and received services within **30 days**
- On the Child Screenings tab, click the **edit** button to add referral information

Screening History													
			Screen Type Completed				Delays/Concerns Indicated						
Date	Age	Screeners	Dev	Vis	Hear	Hlth	Dev	Vis	Hear	Hlth	Ref	Follow	
11/9/2016	18 months	Piper King	ASQ-3	N	N	N	Y	N	N	N	N	N	N

- Under “Resource Connection” select “**Yes**” to indicate a resource connection was made, and check “Developmental” (*Note: the “Connection Follow Up” section will only appear if “Yes” is selected*)
 - a) *Note: only one resource connection can be made at a time, to record a health/vision/hearing referral you must create a new screening*
- Record the date of referral under in the “Early Childhood Program” field
- Under “Connection Follow Up” record the date of follow-up and select an answer for the question “Did family receive services as a result of this referral?” (options below)
 - a) Default (empty)
 - b) Yes, received services**
 - c) No – Waitlist
 - d) No – Services not available in community
 - e) No – Family already receiving services**
 - f) No – Family has not contacted referral agency
- If “**Yes, received services**” is selected, then **Date** is required
 - a) Select of 1 of the 3 choices below under “Services received related to Developmental Screening”:

- Family is receiving individualized support from home visitor (**Not applicable to PAT practice**)
- Family received an evaluation and is receiving early intervention services
- Family is receiving services from a community agency

Note: If a screen indicates a referral is needed you must provide a referral. If the client is already receiving services, record this as “no, already receiving service” under Connection Follow-up. In this circumstance, this client will not be included in the construct.

UPDATED DEVELOPMENTAL RESOURCE CONNECTION:

Resource Connection

Was a resource connection made as a result of a concern found during this screening?
☒ Yes
☐ No

If Yes, check all that apply:
☒ Developmental
☐ Health
☐ Vision
☐ Hearing

	Date	To	Reason
Health Professional	<input type="text"/>	<input type="text"/>	<input type="text"/>
Early Childhood Program	12/28/2016	<input type="text"/>	<input type="text"/>
Other Agency	<input type="text"/>	<input type="text"/>	<input type="text"/>

Connection Follow Up:

Screener followed up with family on
 01/04/2017

Did family receive services as a result of this connection?

Yes, received services
No - Waitlist
No - Services not available in community
No - Family already receiving services
No - Family has not contacted connection agency
No - Family refused connection

Concerns / Suggestions

*Make sure the “date of first received services” is **less than 45 days after the ASQ-3 form** with the positive screen for early intervention services and **less than 30 days** for other community services.*

Construct 19: Intimate Partner Violence Referrals

Summary of Measure:

This construct measures whether primary guardians who screened positive for intimate partner violence (IPV) received a referral to IPV services. IPV Referral is defined as giving information about community resources related to IPV. This can include developing a safety plan or giving a safety card. Referrals for IPV should be recorded under Resource Connection tab as “Domestic Violence Services”.

There is no change in practice or data collection for this construct.

Data collection:

- Complete the Futures screening for primary guardians **within six months of enrollment.**
- Provide an IPV referral for primary guardians with a Futures screening **score of 20 or above.**
- Record the referral for “Domestic Violence Services” on Resource Connection tab.

The screenshot shows a web form titled "Enter Resource Connection" for a user named "Mama and Papa Bear". The form includes several fields: "Connection Date" (12/28/2016), "Connection Type" (a dropdown menu currently showing "Domestic Violence Services", which is highlighted with a red rectangular box), "Connected By" (Cervantes Marcos), "Connected To" (an empty field), "Connection Reason" (a large empty text area), and "Comments" (another large empty text area). At the top right, there is a search bar containing "Bear, Mama and Papa".

HRSA MIECHV BENCHMARK FAQs (published 6/21/16)

Q: *Can we exclude those who have already received a referral or are receiving services prior to home visiting?*

A: Programs are expected to screen all primary caregivers for IPV within 6 months of enrollment. If a primary caregiver screens positive for IPV after enrollment, the program is expected to provide referral information regardless of whether or not the primary caregiver previously received a referral for services prior to enrolling in the home visiting program

MIECHV Data Collection Cheat Sheet

This document is designed to help you identify critical time points when data need to be collected for the MIECHV Constructs. Complete the estimated dates for data collection at enrollment of a new primary guardian and after the birth of her child.

Primary Guardian Enrollment Date: ____/____/_____
MM DD YYYY

- ☐ **Complete a PHQ-9 Screening BEFORE** (add 3 months to enrollment date or 3 months to infant Birth Date if enrolled pregnant):

____/____/_____
MM DD YYYY

- ☐ **Complete a Referral for Tobacco Cessation BEFORE** (add 3 months to enrollment date):

____/____/_____
MM DD YYYY

- ☐ **Complete an IPV Screening BEFORE** (add 6 months to the enrollment date):

____/____/_____
MM DD YYYY

- ☐ **Complete a Guardian Demographics survey (education and health insurance) at:**

(Add 6 months to the enrollment date)

____/____/_____
MM DD YYYY

(Add 12 months to enrollment date)

____/____/_____
MM DD YYYY

(Add 18 months to enrollment date)

____/____/_____
MM DD YYYY

MIECHV Data Collection Cheat Sheet (*continued*)

Infant Date of Birth: ____/____/_____
MM DD YYYY

- ☐ Record that the primary guardian received Postpartum care **BEFORE** (add 8 weeks to the infant DOB)

____/____/_____
MM DD YYYY

- ☐ Complete a 9-month ASQ **BETWEEN** (add 9 months and 0 days and 9 months and 30 days to the infant DOB)

____/____/_____
MM DD YYYY

 AND

____/____/_____
MM DD YYYY

- ☐ Complete an 18-month ASQ **BETWEEN** (add 17 months and 0 days and 18 months and 30 days to the infant DOB)

____/____/_____
MM DD YYYY

 AND

____/____/_____
MM DD YYYY

- ☐ Complete a 24-month ASQ **BETWEEN** (add 23 months and 0 days and 25 months and 15 days to the infant DOB)

____/____/_____
MM DD YYYY

 AND

____/____/_____
MM DD YYYY

- ☐ Complete a 30-month ASQ **BETWEEN** (add 28 months and 16 days and 31 months and 15 days to the infant DOB)

____/____/_____
MM DD YYYY

 AND

____/____/_____
MM DD YYYY

- ☐ Complete a HOME Inventory **ONCE** during report year

____/____/_____
MM DD YYYY

MIECHV Data Collection Timeline:

This timeline provides the data that must be collected by certain visits through the course of providing services to your primary guardian.

Enrollment visit
<ul style="list-style-type: none"> Guardian Demographics (Education and Form 1 requirements) Guardian Health Info (Smoking status)
3 months after Enrollment
<ul style="list-style-type: none"> PQH-9 Depression Screen
6 months after Enrollment
<ul style="list-style-type: none"> Futures Screen for IPV Update Guardian Demographics
12 months after Enrollment:
<ul style="list-style-type: none"> Update Guardian Demographics
18 months after Enrollment
<ul style="list-style-type: none"> Update Guardian Demographics
First visit after birth of child
<ul style="list-style-type: none"> Children's Health Info (Date of birth, Due date, Sleeping position, Early language and literacy)
Every Postpartum visit
<ul style="list-style-type: none"> Children's Health Info (Well-child visit, ER visits, and Postpartum visits) PVR (Behavior Concerns)
8 weeks after birth of child
<ul style="list-style-type: none"> Guardian Health Info (Postpartum care)
Infant 6-month visit
<ul style="list-style-type: none"> Children's Health Info (breastfeeding, sleeping position, early language and literacy)
Infant 9-month visit
<ul style="list-style-type: none"> ASQ-3 Screening Form
Infant 12-month birthday visit
<ul style="list-style-type: none"> Children's Health Info (breastfeeding, sleeping position, early language and literacy)
Infant 18-month visit:
<ul style="list-style-type: none"> Children's Health Info (early language and literacy) ASQ-3 Screening Form
Infant 24-month visit
<ul style="list-style-type: none"> Children's Health Info (early language and literacy) ASQ-3 Screening Form
Infant 30-month visit
<ul style="list-style-type: none"> ASQ-3 Screening Form
Once during the report year
<ul style="list-style-type: none"> HOME Inventory

Appendix A: Instructions, Script, and Form for Obtaining CPS Consents

INSTRUCTIONS:

This draft script is for use by MIECHV Home Visiting Staff when requesting parental authorization to share CPS information. The script portion is in italics.

We offer this script to help protect your client relationships, client confidentiality, and to support your clients' participation.

1. Prioritize your relationship with your families; assess for safety before making the request for parental authorization to share CPS information.
 - a. Suggested timeline for requesting the authorization: six months after enrollment
2. In a home visit approximately six months after enrollment, explain that all families are being asked if they are willing to volunteer identifiable information to permit a search of CPS records.
 - a. DO NOT persuade, pressure, or coerce
 - b. Ask client for permission to continue

SCRIPT:

"As you may know, these home visiting services are being provided as part of a federal and state effort to improve services for families like yours. We are asking all of our families if they would be willing to volunteer personal information to allow a search of CPS records to see if your child (NAME OF YOUNGEST CHILD) has any contact with CPS while you are in (NAME OF PROGRAM). Your agreement is completely voluntary and you can refuse without any consequences and still receive home visiting services. We are asking all families we serve in home visiting if they are willing to volunteer and I am not asking you because of any concern I have about your family. Do I have your permission to continue explaining?"

IF NO: **STOP**. Thank the caregiver for listening. **DO NOT** make any other effort to involve the caregiver.

IF THE CAREGIVER HAS QUESTIONS:

- You are not expected to defend this request. Calmly explain the reasons below for why you have been asked to make this request.
 - If a caregiver has specific questions you can't answer, contact your supervisor who will contact the DOH team to help answer the question or you can directly contact Roxie Zarate at DOH at roxie.zarate@doh.wa.gov or 360-236-3567. Provide answers to questions you haven't been able to answer in subsequent visit.
3. If the family agrees to keep discussing the request, explain why their information is being requested, why it is important, and how it may help others.
 - a. Federal data requirements about the impact of home visiting on child maltreatment
 - b. Family participation could help Washington State meet its reporting responsibilities
 - c. Building the case in Washington State for sustained home visiting services
 - o *"While we do not see direct benefit to you if you share this information, this information may help support the program for others."*
 - d. *"As part of the state and federal data requirements, we are asking for your help to evaluate and show the benefit of these home visiting services you're receiving from us. Specifically, we*

would like you to consider completing a voluntary authorization to share CPS information. The purpose of the authorization is to help show if home visiting services help reduce CPS referrals and involvement.”

4. Clearly and consistently explain that the authorization is voluntary
 - a. Support free choice and voluntary consent—they can refuse at any time with no risk. If they refuse, their personal information will not be shared.
 - b. Explain that their information will be kept confidential and they can withdraw participation at any time
 - c. *“The request is completely voluntary. We will keep your personal information confidential and your information will not be used for any reason other than this check of CPS records. Your agreement will only apply during the time you’re enrolled in the MIECHV Home Visiting program. When you leave the program, we will destroy your personal information. You also have the right to not participate or withdraw your participation at any time. Would you be willing to look at the authorization with me?”*
5. If the family agrees, read the authorization, address questions, and ask if they are willing to participate
 - a. The information requested of the family is to help DSHS do a search of their electronic records for CPS contacts. The only purpose for the family’s personal information is for this search. The family’s personal information will not be kept by DSHS after the family leaves the home visiting program. There will be no permanent record of their personal information provided by this authorization.
 - b. *“Thanks for being willing to look at the form together. Let’s look at and read through the authorization together, so you can think about it and ask me any questions you have.”*
 - c. After all questions are addressed ask, *“Are you willing to complete the authorization and provide us this permission?”*
6. If the client agrees, help the parent complete the authorization form, ensuring the parent signs the authorization.
 - a. Please print information and otherwise make sure the information is easy to read. This will help avoid DOH coming back to staff with questions about how to read what is on the authorization form.
 - b. Thank the family for helping to contribute to state-wide lessons.
 - c. *“We appreciate your willingness to participate. Thank you.”*
7. Back at the office, please handle the return of completed forms as confidential information.
 - a. For families that declined participation please write ‘declined’ on the form and the client’s name.
 - b. Provide signed and declined authorizations to your supervisor as you receive them.
 - c. Secure all signed and declined authorizations in envelopes with your name and the date of the authorization. DO NOT put any identifying information about the family on the envelope.

Instructions for Supervisors:

- Please submit all authorizations to DOH on a quarterly basis, starting June 2015.
 - Confidential authorizations can be sent to DOH using Secure File Transfer (SFT). If you do not already have a SFT, please contact Roxie Zarate at roxie.zarate@doh.wa.gov to request set-up.

Consent to Share Information for Child Protective Records Review

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program

Please complete for all clients: Client/guardian unique ID _____

- ☐ I give consent for MIECHV, the Department of Social and Health Services (DSHS), and the home visiting data team at Washington State Department of Health (DOH) to share this information:
- My name, address, and date of birth.
 - My child's name, gender, address, and date of birth.
 - My ProviderOne Number for Medicaid (if I have one).
 - My child's ProviderOne Number for Medicaid (if my child has one).

This consent is only for the purpose described below. It is only for the time my family is in home visiting. This is not consent to share information from before or after the time my family is in home visiting.

DSHS will use the above information to determine whether Child Protective Service (CPS) investigated reports of abuse or neglect for my child while we are in the home visiting program. DOH will use the CPS data to come up with a *percentage* of children in the program with suspected or confirmed child abuse or neglect. DOH will report this percentage to the federal government. The federal government funds the home visiting program. It wants to know if families are benefiting from the program by having a lower rate of suspected or confirmed child abuse or neglect. DOH will **not** share with the federal government any information that identifies my child or me. MIECHV, DSHS, and DOH will keep confidential all information that identifies my child or me.

I understand that:

- MIECHV asks all families in home visiting to agree to this consent.
- It is my choice whether to share this information.
- If I choose to **not** share, I can continue to participate in home visiting.
- If I change my mind, I can withdraw my consent at any time by talking with my home visitor.
- MIECHV, DOH, and DSHS will keep my and my child's personal information confidential.
- DSHS will share only the following information, if any: CPS referral dates, CPS referral determination dates, and result of CPS referral determination. DSHS will not share any other details of CPS referral or action.

- ☐ I decline to share information about me for Child Protective Records Review. I understand that this **will not** affect my continued participation in the program.

Signature of Participant

Date:

Signature of Staff

Date:

Copies Needed For:

- Participant
- Local Program
- Washington State Department of Health

Authorization to Share Information for Child Protective Records Review

Instructions: Home visitors review and complete the information needed with caregivers. Home visitors and caregivers complete the information together during a home visit. Information not available during the home visit will be completed by home visitor with information previously provided by the caregiver to the home visiting program.

Information Needed	Information	Completed By:
Child First Name		Home Visitor or Caregiver
Child Middle Name		Home Visitor or Caregiver
Child Last Name		Home Visitor or Caregiver
Child Date of Birth		Home Visitor or Caregiver
Child Gender		Home Visitor or Caregiver
Child ProviderOne ID		Home Visitor or Caregiver
Caregiver First Name		Caregiver
Caregiver Middle Name		Caregiver
Caregiver Last Name		Caregiver
Caregiver Date of Birth		Caregiver
Caregiver Gender		Caregiver
Caregiver ProviderOne ID		Home Visitor or Caregiver
Enrollment Date		Home Visitor
Street Address		Home Visitor
City		Home Visitor
Zip		Home Visitor

Definitions:

ProviderOne ID = Medicaid ID, which can be found on the Medicaid ID card